The binding of the book is odd in that it is not of leather or skin, but is constructed of pages of incunabula of the time, pasted together to form thick boards. The back is of brown leather, with curious markings.

Another edition of the same work is described as having been printed by Peter Schoffer in Mainz in 1467. It is the first authentically dated edition, and represents the first book printed by Schoffer, another master typographer, contemporary of Gutenberg. This edition and that of Ruppel's, described above, are exceedingly rare, and so far as known, only two copies are in the United States.

As to Thomas Aquinas himself, there is little in the literature describing him, except from a purely ecclesiastical point of view. He was born near Aquino about 1227, and came from one of the most noble and eminent families of Europe. On his father's side he was related to the Emperor of Germany, Frederick I, and on his mother's side to Tancred, who had conquered that part of Italy known as the Two Sicilies and ruled over this region. He had, therefore, a legitimate claim to the title of prince.

Very early in life he was sent to a famous monastery, Monte Cassino, to begin his studies. This monastery possessed a great collection of scientific manuscripts, and unabated work was carried on to extend the knowledge already gathered and to add to this knowledge by laborious and tedious study and interpretation of the classics. Constant additions and gifts had made this collection, in its time, the most precious in all Europe. After spending five years in this monastery he was sent to the University of Naples, where he remained for two years, and then entered a Dominican cloister.

The science and medicine of the Middle Ages rested in the hands of the Dominicans, because it was through their laborious work in the preparation of manuscripts and the translating and interpreting of existing knowledge, as well as the careful guarding and transmission of these manuscripts in the Order, that finally they were made available for print as soon as the press was invented. This was the link between the medicine which had gone before and that which came after. The second link was to come later, and consisted of the translation from the "dead languages" into the modern.

Essentially, Thomas Aquinas contributed nothing new to the ideas of the day as to medicine, nor did he cause any upheaval in the medical thought then prevalent. Philosophy and medicine were considered inseparable, and the speculations of these monks in the realm of philosophy were closely tied to the field of medicine.

Two medical "dicta" were announced by Thomas Aquinas, and to these he adhered. They were not new—merely a repetition of what had been announced by others. One was that the body was formed by the junction of material and spiritual principles, that man consisted essentially of a spiritual mind united to a material body. The other was in his belief in the "philosopher's stone," or "great elixir," for which all scientists and philosophers then searched. He described it as "that medicine which taketh away all impurities and corruption of a baser metal, so as to make it into purest silver and gold, and is thought by wise men to be able to wholly remove the corruption of the human body and prolong life for years."

He is mentioned by Dante in his "Divine Comedy" as the greatest philosopher of his time, possibly because in 1252 he lectured publicly in Paris and made a widely favorable impression, returning there in 1269 to lecture on theology. His complete works consisted of seventeen volumes. Two were entirely scientific speculations in the realm of physics and chemistry; and twelve were on philosophy, intermingled with medicine. The remaining three were on theology. In addition to these there were innumerable translations with his comments, including a "Commentary on Aristotle," several short treatises on "Heaven and Earth," "A Method for Uplifting the Soul" (perhaps one of the first self-helps), with suggestions for self-hypnotism, or psychotherapeusis.

He died in 1274 at the age of 47 or 49. (The records are not exact as to the date of his birth.) There is a Dominican cloister in Naples used as a municipal school by the city authorities, adjoining which is a chapel containing a tomb and a crypt dedicated to him. According to legend, Christ appeared to him and thanked him when he wrote his "Summa Theologiae" (Summary of Theology) in the words *Bene scripsisti de Me, Tomasso,*" "You wrote well of me, Thomas."

The interest of Thomas Aquinas to medicine centers in his laborious translation and preparation in manuscript form of the old medical masters, thereby forming the first link in their transmission afterward, on the invention of the printing press, into works which still later were to be passed on into foreign and modern tongues.

450 Sutter Street.

CLINICAL NOTES AND CASE REPORTS

FACTITIAL PROCTITIS

WITH ULCERATION WRONGLY DIAGNOSED AND TREATED AS A PRIMARY RECTAL CARCINOMA

By GEORGE E. MALMGREN, M. D.
Los Angeles

IN 1929 sixty-five cases of factitial proctitis, observed at The Mayo Clinic between 1921 and 1929, were described by Dr. L. A. Buie and myself.[1] We defined the term as "used to designate pathological phenomena, sometimes found in the walls of the rectum following the extrarectal application of radium or a combination of radium and x-ray in the treatment of lesions involving pelvic structures other than the rectum."

SIGNS AND SYMPTOMS

Factitial proctitis is characterized by the same type of changes which may be found on any mucosal or skin surface following irradiation therapy. Proctoscopic examination reveals typical appear-

ances in all of its various stages. In its earliest and mildest form, telangiectasia only is seen, and newly formed blood vessels with resultant hyperemia and bleeding appear. This may go on to actual ulcer formation. These ulcers vary in size from one to four centimeters in diameter, and may be deep and crater-like. They are usually covered with considerable necrotic material. If this is wiped off, a tenacious, tough, yellow or silver-gray membrane is found to cover the base. Areas of telangiectasis usually surround the ulcer. A rectovaginal fistula occasionally develops from complete destruction of the wall between the rectum and the vagina.

The onset of these changes varies from a period of two or three weeks to several years following the last application of radium and x-ray. Subjectively these patients complain of atypical sharp, dull or bearing-down rectal pain, hemorrhages of bright red or clotted blood from the rectum, and tenesmus, with increasing desire to go to the toilet.

We feel that these phenomena are not common, are usually mild, and certainly cannot be regarded as an objection to the treatment of carcinoma of the uterus or ovary, or uterine fibroids with radium.

The prognosis of these rectal lesions depends entirely upon the fate of the original extrarectal lesion for which the radium treatment was given. In the great majority of cases (73.8 per cent) this has proved to be carcinoma of the uterine cervix.[1] We have found that if the carcinoma is controlled and proper palliative treatment instituted, the factitial changes and ulcers will usually heal and disappear. This treatment must occasionally be continued over a long period, and sometimes even years elapse before the bleeding disappears.

I wish to report the following case as an example of one of the severest forms of the disorder, where a diagnosis was not made and where this benign entity was treated as a primary rectal malignancy.

REPORT OF CASE

Mrs. C. A. in 1930 complained of bloody vaginal discharges and weight loss of one and one-half years' duration. A diagnosis of carcinoma of the cervix of the uterus was made. Two courses of vaginal radium applications were given along with a series of x-ray treatments. Mild symptoms of rectal irritation followed this treatment but disappeared after a few weeks. She has had no uterine symptoms since the last radium application (July, 1930). Repeated pelvic examinations have failed to disclose any evidence of recurrence. In May of 1931 the patient began to pass small amounts of bright red blood with her stools. She went to a physician who told her that she had "piles," and prescribed a box of suppositories. The bleeding continued and increased in severity. She then was given a course of injection treatments for hemorrhoids, without benefit. In August of 1931 she began to complain of a constant dull pain located about six inches above the anal orifice. At the time of bowel movements this became aggravated and changed into a sharp, colicky, knife-like pain. She began to have constant bearing-down sensations and went to the toilet six to eight times a day. She seemed unable to empty her rectum and usually passed only small quantities of bloody mucus. A proctoscopic examination was done in September, 1931, and a diagnosis of primary carcinoma of the rectum was made. Immediate surgery was deemed necessary because of the extreme amount of discomfort. On September 15, 1931, a colostomy was made. She immediately improved and was sent home to gain strength for a posterior resection of the growth.

The patient was examined by me on November 10, 1931, for the purpose of determining whether the growth was primary in the rectum or an extension from the uterus. A number of indurated ridges around the anal canal were present from the recent injection treatment. A large, indurated, fixed, infiltrating, ulcerated mass was felt on the anterior wall of the rectum, about eight centimeters above the anus. The proctoscope revealed the ulcer to be about four centimeters in diameter. The edges were piled up and it was covered with slimy necrotic material. When the base was swabbed, the characteristic silver gray, tenacious membrane was found to cover the ulcer. Numerous telangiectatic areas, which bled on the slightest trauma, surrounded the ulcer. A diagnosis of factitial proctitis with ulceration was made and palliative treatment instituted. She continued to improve and the colostomy was closed January 15, 1932. A proctoscopic examination on October 3, 1932, revealed the ulcer completely healed. Telangiectasis, however, was still present, and the patient passes a small amount of blood with most of her bowel movements.

COMMENT

This case is an example of the extreme untoward effects of improper diagnosis. Suppositories and injection treatments were used, and served only to cloak the real nature of the disorder. A false diagnosis of rectal carcinoma led to an unnecessary colostomy which had to be closed at a later date.

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REFERENCE

1. Buie, Louis A., and Malmgren, George E.: Factitial Proctitis: A Justifiable Lesion Observed in Patients Following Irradiation, International Clinics, Vol. 3, Series 40. J. B. Lippincott Company, Philadelphia.

PURULENT MENINGITIS

By ELMER M. BINGHAM, M. D.
Riverside

AS an introduction to a review of recent advances in the therapy of purulent meningitis, we wish to present three uncommon cases of meningitis. These patients were admitted to the Riverside County Hospital during the past five months.

REPORT OF CASES

CASE 1.—E. H., a Mexican girl of four years, was admitted on July 16, 1932, and a diagnosis of tubercular meningitis made. Lumbar puncture on admission revealed a normal pressure and cell count. The following day, spinal fluid pressure was 30 millimeters of mercury without increase in cells. Chest x-ray was diagnosed as bronchopneumonia, and lumbar punctures were discontinued until July 20, when convulsions again occurred. Spinal fluid was then turbid and antimeningococcic serum was given before the laboratory reported both Gram-negative and Gram-positive diplococci. Lumbar taps were continued, but bacteria became more numerous and cells increased to 5,500. The tryptophan test was positive. No tubercle bacilli were found in direct smears. The organisms were identified as *Meningococcus crassus*. The patient died July 24, and permission for autopsy was not obtained. Guinea-pig inoculated with fluid showed tubercles in the liver, spleen, and one kidney.